DOCUMENT RESUME

ED 258 772 RC 015 342

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TITLE Child Abuse Teacher Inservice Training.
PUB DATE 82
NOTE 29p.; Paper presented at the Annual National Institute on Social Work in Rural Areas Meeting (7th, Dubuque, IA, 1982). For related document, see RC 015 343.
PUB TYPE Reports - Descriptive (141) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Child Abuse; *Child Neglect; Credits; Definitions; Elementary Secondary Education; *Identification; Individual Characteristics; *Inservice Teacher Education; *Rural Schools; *Sexual Abuse; Teacher Certification; Tests
IDENTIFIERS *Child Protective Services; South Carolina

ABSTRACT

For child protective services (CPS) to be effective in rural areas there must be trust and credibility between the few social workers and the small rural school systems, and since many CPS referrals come from schools, teacher training is one useful method in assisting the child protective services process. In York County, South Carolina the CPS unit, which receives 365 reports a year, needed help from schools in identifying child abuse/neglect and in monitoring it. As teachers wanted to learn more about child abuse/neglect, CPS workers designed a teacher inservice training package which had school system approval and could be used for teachers to receive recertification credits. The package contained two 2-hour modules utilizing child abuse/neglect videotapes, lecture, group participation, group discussion, handouts, and a pre- and post-test. Teachers needed to score 70% on the post-test for recertification credits. Subsequent to the training, referrals were being made before serious abuse occurred as teachers were recognizing indicators more readily. This program achieved all its goals. Following the narrative is a collection of material used for the inservice training--information regarding abuse/neglect, definitions, physical and behavioral indicators of child abuse/neglect, legal codes, a complaint form, and a child abuse/neglect test. (PM)

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CHILD ABUSE TEACHER INSERVICE TRAINING

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Seventh Annual National Institute On Social Work In Rural Areas
University of Iowa
Dubuque, Iowa
1982

RC015342

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CHILD ABUSE INSERVICE TRAINING

In order for child protective services to be effective in rural areas there must be trust and credibility between the few child abuse and neglect social workers and the few (and usually) small rural school systems. Many child protective services referrals come from schools. Teacher training is one very useful method in assisting the child protective services process. Even though the teacher training is interventive in focus, it also has a prevention component. This prevention component is the development of community education and increasing the teachers' knowledge (and use) of community resources in a rural community, both at the formal social services system levels and the natural helping networks in the community.

In York County, South Carolina the child protection unit is within the York County Department of Social Services. There are four workers and one supervisor. This child protective services unit is responsible for servicing a county population of 106,720. The CPS Unit receives 365 reports a year, and each worker has an active caseload of 33. The CPS workers needed help from the schools, not only in the identification of child abuse and neglect, but also in the ongoing monitoring (and at times treatment). During the referral-intake process by teachers to the CPS Unit, it was discovered very early that the teachers wanted to learn more about what is child abuse and neglect, and what they could do about it. This "teacher need" dovetailed very neatly into the CPS Unit's goal of developing a more cooperative relationship with the teachers, and at the same time be of benefit to the CPS Unit's school age clients and families.

The CPS Unit supervisor approached the proposed teacher inservice training from two aspects. First, get the approval for the teacher training from the school superintendents, school boards, principals, and teachers. And second, get the teacher training credited by the local college (Winthrop College) so that the teachers would get recertification credits toward continually maintaining their teaching certificates. An outline of the training was presented to all the school personnel and the appropriate college certification staff; and was approved by all parties. Now that the training package had both school system approval and teacher credits, it was a most attractive teacher inservice training program. The proposed child abuse and neglect teacher inservice training package was designed for two 2-hour modules for a total training time of four hours and had been awarded three recertification credits.

The teacher training has been offerred once to each of the two rural school districts in York County. Each training program had about fifty teachers as participants; and these teachers ranged from elementary school to high school. The CPS Unit included useful CPS materials as well as knowledge and skills in the training curriculum. Each time the training has been done, it has been done in a school facility, and at the times that were most convenient to the teachers, thus increasing the chances of success of the training. Also, each time the training was done the CPS workers who did the training were different; thus giving the CPS Unit more visability and credibility with the teachers. In addition, this alternating of the CPS trainers gave the CPS workers a more vested interest in the training, and broaden their concept of services: from client centered to include the community (as well as the CPS client/family).

The training was a multi-media presentation of child abuse and neglect videotapes, lecture, group participation, group discussion, and useful handouts. Some of the useful handouts were a "quick reference" on the indicators, dynamics, and behaviors of child abuse and neglect; and the day-time/emergency phone numbers of the CPS Unit. The training lectures and handouts were developed by the CPS Unit, but the videotapes were acquired by the CPS Unit from the York County of Social Services which utilized the training tapes when new CPS workers were trained. Also included in the training format was a teacher CPS knowledge pretest and posttest. The purpose of the pretest was to measure teacher knowledge about child abuse and neglect and the services available to children at risk; but the posttest had two objectives: 1) to measure if the teachers learned from the inservices training; and 2) (and most important to the teachers) a score of 70% on the posttest was needed if the teachers were to earn their recertification credits for the training. Another goal of the pretest was not only to measure teacher knowledge, but just as important, to indicate to the teachers what knowledge of child abuse and neglect was most important and which parts of the training would be most important for them.

From all the feedback that was received, the teacher inservice training was very successful. The comments from teachers and other school personnel were very positive; the training evaluations were high; the CPS worker/trainers enjoyed the training, learned more about the teachers, and learned more about child abuse and neglect because they had to develop the training package. The most important feedback that the CPS Unit received about the training was from the referrals the teachers made after the training. The number of referrals did not increase, but the children were now being referred before serious abuse occurred (the teachers were recognizing the indicators more readily),

and because the teachers now knew better the CPS workers, the teachers were more willing to cooperate and develop a CPS worker-teacher team effort to help the referred children. This better communication between teachers and CPS workers developed because each group now better understood the responsibilities and stresses of each other. A greater respect had developed, and this was an important factor for the providing of quality child protective services.

When the Child Abuse Teacher Inservices Training was first planned it had a variety of goals:

1) Increase knowledge and skills of teachers regarding CPS dynamics, indicators, and behaviors.
2) Increase knowledge and skills of teachers regarding CPS identification and referral.
3) Increase knowledge of teachers regarding CPS process and CPS law.
4) Increase interaction (positive) between CPS workers and teachers.
5) Increase coordination, cooperation, and visability of CPS workers and teachers.
6) Increase community education and training regarding CA/N.
7) Increase teachers' knowledge of CPS community resources.
8) Increase CPS workers' knowledge of how teachers relate to CPS families.
9) Increase CPS workers' skills in relating to teachers regarding CPS families and the CPS Unit.

These goals have been achieved, and better Child Protection services is the outcome of this teacher training program.

SCHOOL STAFF INSERVICE TRAINING
Presented By
York County Department of Social Services
Child Protective Services Unit

I. UNDERSTANDING CHILD ABUSE AND NEGLECT
   1. Nature of Child Abuse and Neglect
   2. Extent of Child Abuse and Neglect
   3. Causes of Child Abuse and Neglect

II. RECOGNIZING AND REPORTING CHILD ABUSE AND NEGLECT IN THE SCHOOL
   1. Physical Abuse
   2. Physical Neglect
   3. Sexual Abuse
   4. Educational Neglect
   5. Emotional Maltreatment
   6. Abandonment
   7. Medical Neglect

III THE CHILD PROTECTION ACT AND LEGAL ISSUES

IV. PREVENTING CHILD ABUSE AND NEGLECT
   1. School Programs
   2. Community Programs
   3. York County Department of Social Services

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Being a parent is one of the toughest jobs in the world.

Everyday pressures can become unbearable. Sometimes, you may strike out at someone you love—your child perhaps.

Many parents need someone to turn to...someone who understands...someone who will listen and try to help.

If you need help, or know of someone who does, call us. All contacts are confidential.

To get help, or give help, call

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There are two victims of child abuse and neglect.

One of them is the child. The other is the parent. Both need help. When everyday pressures become too great, many parents strike out at someone they love...a child, perhaps.

Many abusing parents were themselves abused as children. They need someone to turn to...someone who will help them cope with pressures in a different way.

If you need help, or know of someone who does, call us. All contacts are confidential.

To get help, or give help, call

2000 children will die this year from child abuse and neglect.

That's more than Typhoid Fever, Diphtheria, Scarlet Fever, Smallpox and Polio combined. It's one of the leading causes of death in children under age 15.

There is no vaccine for this, but families in distress can be helped.

If you need help, or know of someone who does, call us. All contacts are confidential.

To get help, or give help, call

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The Problem

In 1979, the South Carolina Department of Social Services investigated 8,991 cases of child abuse and neglect involving 20,398 children. Child abuse is not a pleasant topic for discussion. When we do not have first hand knowledge of an abuse situation, it is easy to see abuse as something that happens to someone else. "We don't have that here" has been heard in communities all over our state. The reality is that we do have that here.

There were 963,300 children under 18 in South Carolina in 1979. Experts in the field of child abuse have estimated that there are 25 abused children per 1,000 children. At this rate, 24,082 children were in need of protective services in South Carolina in 1979.

What about your county? Is there child abuse next door? Would you know enough about child abuse to recognize it? Section III is designed as an education/information resource to explore your knowledge and to increase your awareness of the problem.

The County Statistics Table will show you how many cases of child abuse/neglect were investigated in your county during Fiscal Year 1979.

Forty-two percent of these cases were indicated for child abuse/neglect. This means that abuse/neglect was more likely than not to have occurred in these cases. This is slightly higher than the national average.

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Developing Understanding

How can parents hurt their own children? Why would anyone hurt a child?

Of all the parents who hurt their children, only 10% are so disturbed or mentally ill that they do not understand what they are doing and cannot change their behavior toward their children. The rest, about 90%, are or seem to be just like others around us in church and in our community. If you look at the people sitting by you in church, you usually will not know or understand everything that is going on in their lives.

Parents who hurt their children are often like children who have grown bigger, but not grown up. Their abuse of their own children is the result of a combination of factors that may be beyond the parent's control. Sometimes child abuse is a parent's plea for help.

We can help with some of the problems that bring parents to hurt children. We can plan more programs to meet the needs of these parents.

Experience with many cases points out some characteristics that have been found in many of these families. The following list will give direction for programs as you begin to see specific areas of need. This list of characteristics of abusive/neglectful parents is only the beginning and is not to be considered a complete list.

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Some Characteristics of Abusive/Neglectful Parents

The presence of one or more of these characteristics does not indicate that a child is being abused. However, these characteristics have been found in parents who abuse/neglect. The parents may show any or all of the following:

1. Low self-esteem - If parents were unloved or inadequately parented themselves, they may never have learned to give love to others. Because they feel no self-worth, they cannot feel adequate as parents.

2. Expect too much of their children - The parent attempts to place the child in the parenting role and expects the child to meet his/her needs for love.

3. Inadequate knowledge of child development - When parents do not understand what a child can/cannot do at a certain stage of development, they may demand far more than the child can possibly do.

4. Isolated - There may be no exchange of caring between the family and an extended family, friends, or the community. Overdependence on the immediate family may foster violence.

5. Inability to cope with the stress and strain of the living environment - The parent has never learned to handle the crises of day to day living and the child becomes the target for frustrations.

6. Rigid, authoritarian attitudes toward child-rearing - The parents angrily defend their right to physically punish their children for inappropriate behaviors. What starts out to be discipline can rapidly accelerate to become abuse.

7. Alcohol or other drug abuse - Substance abuse blurs the ability to reason and destroys the user's ability to see and meet the needs of others. It is frequently a factor in both abuse and neglect.

When children are hit they do not learn to behave.
They learn to not get caught - to be more careful.
They learn that, if you are big enough, you can get your own way.
They learn that it is all right to hit little children.

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TYPICAL DEFINITIONS OF CHILD NEGLECT

I OVERVIEW DEFINITION (David Gil)

Any act of commission or omission by individuals, institutions, or society as a whole, and any conditions resulting from such acts or inaction which deprive children of equal rights and liberties and/or interfere with their optimal development....

II LEGAL DEFINITION (Federal Guidelines)

Neglected child is any child who:

a. Lacks the proper and parental care by reason of the faults or habits of his parent, guardian or custodian

b. a child whose parents, guardian or custodian neglects or refuses to provide proper or necessary subsistence education, medical or surgical care or other care necessary for his health morals or well being

III MEDICAL DEFINITION (Robert tenBensel)

Physical neglect refers to the failure by parents to provide the basic physiological needs for the child. This includes failure to provide for adequate nutrition and clothing for the child and also encompasses proper medical care (the child's right to medical diagnosis and treatment)and provision for a safe environment in which the child can live.

IV EDUCATION (Montgomery Cty. Public Schools, Maryland)

A neglected child may be any one of the following:

1. Malnourished; ill-clad; dirty; without proper shelter or sleeping arrangements; lacking appropriate health care

2. Unattended without adequate supervision

3. Ill and lacking essential medical care

4. Denied normal experiences that produce feelings of being loved, wanted, secure

TYPICAL DEFINITIONS OF CHILD NEGLECT (Cont'd)

5. Unlawfully kept from attending school

6. Exploited, overworked

7. Emotionally disturbed due to continuous friction in the home, marital discord, mentally ill parents

8. Exposied to unwholesome and demoralizing circumstances

V. SOCIAL WORK (Normal Polansky)

Child neglect may be defined as a condition in which a caretaker responsible for the child either deliberately or by extraordinary inattentiveness permits the child to experience avoidable present suffering and/or fails to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual and emotional capacities.

PHYSICAL AND BEHAVIORAL INDICATIONS OF CHILD ABUSE

PHYSICIAL INDICATORS

Unexplained bruises, welts and bite marks on; face, lips, mouth, on torso, buttocks, thighs in various stages of healing

clustered forming regular patterns reflecting shape of article used to inflict (electric cord, belt, belt buckle, etc.),

On several different surface areas

Regularly appear after absence, weekend or vacation

Unexplained burns;cigar, cigarette burns expecially on soles, palms back or buttocks

Immersion burns (sock like, glove like, doughnut shaped on buttocks or genitalia)

pattern like electric burner, iron, etc.

Rope burns on arms, legs, neck or torso

Unexplained lacerations, abrasions to mouth, lips, gums, eyes, and nose (possible fracture)

Fails to attend school regularly due to the fault of the parents

BEHAVIORIAL INDICATORS

Wary of adult contacts
Wary of Physical contact by parents or anyone else

Apprehensive when other children cry

Constantly on the alert for danger

Behavioral extremes aggressiveness or withdrawal

Frightened of parents
Afraid to go home

Are constantly in search of something food, favors, things and teacher attention.

Reports injury by parents (usually won't and will concur with parents explanation)

PHYSICAL AND BEHAVIORAL INDICATORS OF CHILD NEGLECT

PHYSICAL	BEHAVIORAL
Consistant hunger, poor hygiene (chronically dirty and unbathed) Inappropriate dress for weather conditons	Begging - stealing food
Constant lack of supervision Left in care of young children	Extended stays at school (early arrival and late departure
Unattended physical problems or medical needs, immunizations, dental work, eye glasses, untreated sores, and persistant illnesses	Constant fatigue, listlessness, falling asleep in class
Chronically absent from school	
Severe Developmental lags	
Abandonment	Delinquency - states there is no caretaker at home

Reporting procedure for any type of neglect and abuse:

1. Approaches to take if uncertain of diagnosis

   (A) Talk to the child.
   (B) Refer to school nurse or other member of school medical team who can examine the child.
   (C) Check with other teachers.

2. Once diagnosis is certain: This state has a law requiring that such conditions be reported to the child's county protective service agency.

   (A) If the child is in immediate danger the police should be called.
   (B) Schools that have dealt with the problem on their own often have brought additional suffering on the part of the child by its parents for "telling on them".
   (C) If school officials refuse to report a case that a teacher has uncovered, that teacher must report the case to the county protective service agency within twenty-four hours of confirming the case validity. Failure to do so is punishable under the law.

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SEXUAL ABUSE

Physical Indicator	Behavioral Indicator
Difficulty in walking or sitting	Unwilling to change for gym or participate in physical education
Torn, stained or bloody underclothing	Withdrawl, fantasy or infantile behavior
Pain or itching in genital area	Bizarre, sophicated, or unusual sexual behavior or knowledge
Bruises or bleeding in external genitalia, vaginal or anal areas	Poor peer relationships
Veneral disease, especially in pre-teens	Delinquent or run away
Pregnancy	Reports sexual assualt by caretaker

EMOTIONAL MALTREATMENT

Physical Indicator	Behavioral Indicator
Speech disorders	Habit disorders (sucking, biting, rocking)
Lags in physical development	Conduct disorders (antisocial, destructive)
Failure to thrive	Neurotic Traits (sleep disorders, inhibition of play)
	Psychoneurotic reactions (hysteria obsession, compulsion, phobias, hypochondria)
	Behavior extremes; complaint, agressive and demanding
	Overly adaptive behavior; inappropriately adult and inappropriately infant
	Developmental lag (mental, emotion attempted suicide

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SEXUAL ABUSE: most underdiagnosed type of child abuse. It is defined as either sexual contact or intercourse between a child a a related adult. Most cases involve children under twelve. Sexual abuse can become known to the guidance teacher in the following ways:

(1) In a few cases the child will complain of abuse but most will not because of fear or embarrassment.

(2) Occasionally the guidance teacher will learn of sexual abuse from a friend or favorite teacher of the child.

Appropriate response: in private interview with the student the guidance should develop an atmosphere where student feels that he or she can speak freely. All information obtained from the interview should later be recorded precisely and this data should be turned over to the child protective service agency.

EMOTIONAL ABUSE:

(1) Defined as children that are sc ape goated, berated, rejected on a daily basis. Is extremely difficult to prove.

(2) Indicated by behavior problems in the student.

(3) Appropriate response: referral to mental health clinic and if parents refuse repeatedly to keep such appointments the school can report the case to the child protective service agency.

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EXHIBIT I

PHYSICAL AND BEHAVIORAL INDICATORS OF CHILD ABUSE AND NEGLECT

TYPE OF CA/N	PHYSICAL INDICATORS	BEHAVIORAL INDICATORS
PHYSICAL ABUSE	Unexplained Bruises and Welts: - on face, lips, mouth - on torso, back, buttocks, thighs - in various stages of healing - clustered, forming regular patterns - reflecting shape of article used to inflict (electric cord, belt buckle) - on several different surface areas - regularly appear after absence, weekend or vacation Unexplained Burns: - cigar, cigarette burns, especially on soles, palms, back or buttocks - immersion burns (sock-like, glove-like, doughnut shaped on buttocks or genitalia) - patterned like electric burner, iron, etc. - rope burns on arms, legs, neck or torso - infected burns, indicating delay in seeking treatment Unexplained Fractures/Dislocations: - to skull, nose, facial structure - in various stages of healing - multiple or spiral fractures Unexplained Lacerations or Abrasions: - to mouth, lips, gums, eyes - to external genitalia - in various stages of healing Bald Patches on the Scalp	Feels Deserving of Punishment Wary of Adult Contacts Apprehensive When Other Children Cry Behavioral Extremes: - aggressiveness, or - withdrawal Frightened of Parents Afraid to Go Home Reports Injury by Parents Vacant or Frozen Stare Lies Very Still While Surveying Surroundings Will Not Cry When Approached by Examiner Responds to Questions in Monosyllables Inappropriate or Precocious Maturity Manipulative Behavior to Get Attention Capable of Only Superficial Relationships Indiscriminately Seeks Affection Poor Self-Concept
PHYSICAL NEGLECT	Underweight, Poor Growth Pattern, Failure to Thrive Consistent Hunger, Poor Hygiene, Inappropriate Dress Consistent Lack of Supervision, Especially in Dangerous Activities or Long Periods Wasting of Subcutaneous Tissue Unattended Physical Problems or Medical Needs Abandonment Abdominal Distention Bald Patches on the Scalp	Begging, Stealing Food Extended Stays at School (early arrival and late departure) Rare Attendance at School Constant Fatigue, Listlessness or Falling Asleep in Class Inappropriate Seeking of Affection Assuming Adult Responsibilities and Concerns Alcohol or Drug Abuse Delinquency (e.g., thefts) States There is No Caretaker
SEXUAL ABUSE	Difficulty in Walking or Sitting Torn, Stained or Bloody Underclothing Pain, Swelling, or Itching in Genital Area Pain on Urination Bruises, Bleeding or Lacerations in External Genitalia, Vaginal or Anal Areas Vaginal/Penile Discharge Venereal Disease, Especially in Pre-teens Poor Sphincter Tone Pregnancy	Unwilling to Change for Gym or Participate in Physical Education Class Withdrawal, Fantasy or Infantile Behavior Bizarre, Sophisticated, or Unusual Sexual Behavior or Knowledge Poor Peer Relationships Delinquent or Run Away Reports Sexual Assault by Caretaker Change in Performance in School
EMOTIONAL MALTREATMENT	Speech Disorders Lags in Physical Development Failure-to-thrive Hyperactive/Disruptive Behavior	Habit Disorders (sucking, biting, rocking, etc.) Conduct/Learning Disorders (antisocial, destructive, etc.) Neurotic Traits (sleep disorders, inhibition of play, unusual fearfulness) Psychoneurotic Reactions (hysteria, obsession, compulsion, phobias, hypochondria) Behavior Extremes: - compliant, passive - aggressive, demanding Overly Adaptive Behavior - inappropriately adult - inappropriately infant Developmental Lags (mental, emotional) Attempted Suicide

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THE ALERT TEACHER

If teachers are alert to the signs and symptoms which point to the possibility of neglect or abuse they can take the first step to bring help to children whose needs are not being met at home. That first step is to invoke the community's child protective services on behalf of the troubled child.

The protective program is charged with responsibility for bringing services to neglected and abused children and their neglecting parents. It is a non punitive, helping, skilled social service. Its focus is on seeking to stabilize family life, on enhancing parental capacity for good child care and on maintaining family intactness where possible.

CHILDREN IN TROUBLED FAMILIES

Teachers come into frequent contact with children who are physically or emotionally neglected or who are victims of physical or sexual abuse. Such troubled children may be found in families at any economic level or of any social status in the community. This is so because the motivating factors for child neglect or abuse may afflict any family. Common, underlying factors are emotional immaturity of parents, marital friction, alcoholism, drug usage, emotional disturbance or psychosis. These are families with problems, families under stress and, sometimes, families in crisis.

IMPORTANCE OF EARLY CASEFINDING

If children are identified when they show the earliest impact of their families' troubles, help can be made available at a stage when their problems can be more readily resolved. Too often referrals to protective services are not made until the conditions of neglect or abuse become acute and intolerable. Such referrals may come too late to salvage the home.

Here are some of the things to look for:

INDICATORS OF A CHILD'S NEED FOR PROTECTION

THE CHILD'S BEHAVIOR

- Is the child aggressive, disruptive, destructive? Such a child may be acting out of need to secure attention. He may be shouting for help. His behavior may reflect a hostile or emotionally destructive climate at home, or he may be imitating destructive parental behavior.
- Is the child shy, withdrawn, passive or overly compliant? This child may be as emotionally damaged as the aggressive child. He has internalized his problem; his cry for help is a whisper instead of a shout. He may be inattentive; he may daydream; he may be out of touch with reality.
- Is the child an habitual truant – chronically late or tardy? Is he frequently absent for flimsy reasons and lame excuses? This behavior points to problems of adjustment – problems at home, in school, within the child, or in combination.
- Does the child come to school much too early? Does he loiter and hang around after school is dismissed? This child may be seeking to escape from home – he may lack normal satisfactions at home. On the other hand, he may be "pushed out" in the morning and has no place to go after school because there is no one to supervise or care for him.

THE CHILD'S APPEARANCE

- Is the child inadequately dressed for the weather? Is his clothing torn, tattered or unwashed? Is the child not clean; is he unbathed? Do other children refuse to sit next to him because he smells? These are all signs of physical neglect, a condition not related to poverty. It reflects a breakdown in household management and in concern for the child.
- Is the child undernourished? Is he coming to school without breakfast, does he go without lunch? Again, this is often a problem unrelated to poverty.
- Is the child always tired? Does he sleep in class? Is he lethargic or listless? Such conditions are symptomatic of parental failure to regulate the child's routines, or of family problems which disrupt family routines.
- Is the child in need of medical attention? Does he need glasses or dental work?
- Does the child bear bruises, welts and contusions? Is he injured frequently? Does he complain of beatings or other maltreatment? Is there reason to suspect physical or sexual abuse?

PARENTAL ATTITUDES

- Are the parents aggressive or abusive when approached about problems concerning their child?
- Are they apathetic or unresponsive?
- Is parental behavior, as observed by school personnel, or as related by the child, bizarre and strange?
- Do the parents show little concern about the child? Do they fail to show interest in what he is doing? Do they fail to participate in school activities or to permit the child to participate?

Almost everyone has a duty to report except ministers

Section 20-7-510. *Persons to report.* (A) Any physician, nurse, dentist, optometrist, medical examiner or coroner, or any other medical, mental health or allied health professional, Christian Science practitioner, religious healer, school teacher or counselor, social or public assistance worker, child care worker in any day care center or child caring institution, police or law enforcement officer or any judge having reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect is required to report or cause a report to be made in accordance with this section.

(B) Except as provided in (A) of this section, any other person who has reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse and neglect may report in accordance with this section.

Reports may be made in any manner

(C) Reports of child abuse or neglect made pursuant to this section may be made orally, by telephone or otherwise to the county department of social services, or in the alternative, to a law enforcement agency in the county where the child resides or is found.

(1) Where reports are made pursuant to this section to a law enforcement agency, it shall notify the county department of social services of its response to the report at the earliest possible time.

(2) Where a county or contiguous counties have established local child protective services, pursuant to Section 20-7-550, county department of social services shall immediately transfer reports pursuant to this section to the service.

Section 20-7-560.. *Penalties.* Any person required to report a case of child abuse or neglect, or any person required to perform any other function under this article, who knowingly fails to do so, or any person who threatens or attempts to intimidate a witness shall be deemed guilty of a misdemeanor and upon conviction shall be fined not more than five hundred dollars or be imprisoned for not more than six months, or both.

without malice

If you report in "Good Faith", you cannot be sued. GOOD FAITH means you are not required to personally believe beyond a doubt that there was abuse or neglect, so long as you have reasonable grounds to believe it.

Section 20-7-540. *Immunity from liability.* Any person required or permitted to report pursuant to this article or who participates in judicial proceedings resulting therefrom, acting in good faith, shall be immune from civil and criminal liability which might otherwise result by reason of such actions. In all such civil or criminal proceedings good faith shall be rebuttably presumed.

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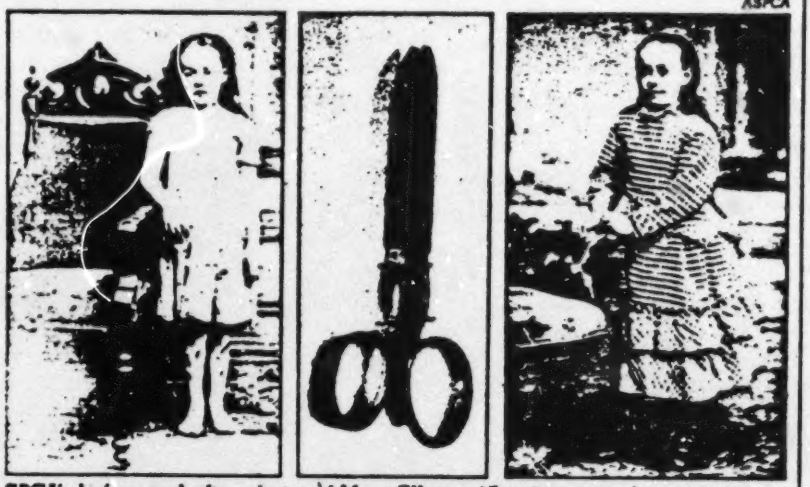
ASPCA



SPCA's before-and-after photos of Mary Ellen, with scissors used to punish her

Little Mary Ellen

Before 1875, U.S. authorities had no legal means to interfere in cases of battered children. The laws were changed with the help of the Society for the Prevention of Cruelty to Animals (SPCA).

A 9-year-old named Mary Ellen became the exemplar of the battered children's plight. Indentured to Francis and Mary Connolly (and rumored to be the daughter of Mary's ex-husband), the girl was whipped daily, stabbed with scissors and tied to a bed. Neighbors reported the situation to Etta Wheeler, a church worker, in 1874. When Wheeler found that there was no lawful way to rescue the child from her brutal guardians, she went to Henry Bergh of the SPCA for help.

Under the premise that the child was a member of the animal kingdom, the SPCA obtained a writ of habeas corpus to remove Mary Ellen from her home. On April 9, 1874, she was carried into the New York Supreme Court, where her case was tried. She was pitifully thin, with a scissor wound on her cheek. Mrs. Connolly was sentenced to a year in prison. Mary Ellen was given a new home. The following April, the New York Society for the Prevention of Cruelty to Children (NYSPCC) was incorporated.

Before-and-after photos of Mary Ellen (as a pathetic waif upon her rescue and as a healthy child a year later) still hang at the New York SPCA, framed with Mrs. Connolly's scissors.

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County No. _____ Title XX No. _____ CPS-No. 46-_____

PROTECTIVE SERVICES COMPLAINT FORM

Intake Worker_____ Date of Intake_____ Time of Intake _____ AM PM

1. FAMILY BEING REPORTED: Race _____ CHILD(REN) living with ☐ Mother; ☐ Father ☐ other _____

	Name	Address	DOB	Phone No.
Mother: (Circle head of Household)				
Father: (Circle head of Household)				

Directions to Home:_____

EMPLOYMENT:

Mother:_____ Address_____ Phone_____

Father:_____ Address_____ Phone_____

2. NAME OF CHILD(REN) AND OTHERS IN HOME (Circle those involved)

	Name	DOB	Sex	School
1.				
2.				
3.				
4.				
5.				

3. COMPLAINANT IS REPORTING: (Circle applicable type)

A. Physical neglect
B. Educational neglect
C. Medical neglect
D. Mental Injury
E. Physical abuse
F. Sexual abuse
G. Abandonment
H. Other_____

4. ALLEGED PERPETRATOR: _____

Address_____

Relationship to child_____

5. OF THE PROBLEMS LISTED CHECK ONES THAT APPLY:

___ Divorce
___ Separated
___ Drug Abuse
___ Custody Action
___ Alcoholic parent
___ Emotional problems
___ Inter-family conflict
___ Delinquency
___ Runaway
___ Physical Illness
___ School Truancy
___ Unemployment

6. IS CHILD OR FAMILY KNOWN TO OTHER AGENCIES OF YORK COUNTY:

Yes ☐, No ☐, Unknown ☐. If yes, specify._____

Blue copy to Protective Services Unit case control. (2 pages).

White copy to Protective Service Unit Supervisor immediately (3 pages).

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7. DESCRIBE FULLY THE INCIDENT: (Exact details of abuse/neglect include concrete facts-reported, specifics: How are child(ren) abused or neglected, as given by reporter:

Date incident occurred: _____ Time _____

How long situation has existed _____

Severity of situation _____

What is the situation now: _____

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8. NAME OF COMPLAINANT: Mr. Ms. Mrs. _____

Address _____ Phone No. _____

Relationship to family _____

Annonymous Caller_____ Explanation for remaining annonymous_____

_____

How does caller have knowledge of situation or incident?_____

_____

Names of other people who know of situation_____

_____

Complainant involvement in situation_____

Is information based on first hand knowledge: Yes ☐ No ☐

If no, please explain_____

Why is caller reporting at this particular time?_____

Reporter's perception of the problem and needs of the family and reasons for contacting the agency at this point.

The worker's impressions of the situation and the reporter.

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CHILD ABUSE AND NEGLECT TEST

Please circle the correct answer NAME:_____

1. How long has there been child abuse?
   A) 100 years
   B) 500 years
   C) 1000 years
   D) As long as there has been recorded history

2. Nationally, how many children are reported for child abuse and/or neglect each year?
   A) 100,000
   B) 500,000
   C) 1,000,000
   D) 2,000,000

3. Nationally, how many children die of child abuse and/or neglect each year?
   A) 100
   B) 500
   C) 1000
   D) 2000

4. In 1979 how many child abuse and/or neglect reports were made in South Carolina?
   A) 500
   B) 1000
   C) 5000
   D) 9000

5. Child abuse and/or neglect affects:
   A) Children D) Community
   B) Parents E) Society
   C) Family F) All of the above

6. The first child abuse and/or neglect laws in the United States were developed in:
   A) 1850
   B) 1875
   C) 1900
   D) 1950

7. The current South Carolina Child Abuse and/or Neglect Act was developed in:
   A) 1950
   B) 1960
   C) 1977
   D) 1980

8. The Child Abuse and Neglect Act states that teachers:
   A) Can report suspected child abuse and/or neglect
   B) Could report suspected child abuse and/or neglect
   C) Should report suspected child abuse and/or neglect
   D) Must report suspected child abuse and/or neglect

9. The initial response to a child abuse and/or neglect report must be within:
   A) 24 hours of the intake
   B) 48 hours of the intake
   B) one week of the intake
   D) one month of the intake

10. A case decision regarding the suspected child abuse and/or neglect must be within:
   A) 1 day of the intake
   B) 30 days of the intake
   C) 60 days of the intake
   D) 90 days of the intake

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11. The South Carolina Child Abuse and Neglect Act states that reports must be taken:
A) Only during office hours
B) 24 hours-a-day
C) once a week
D) only on week days

12. The state agency responsible for the investigation of child abuse and/or neglect is:
A) Department of Health and Environmental Control (DHEC)
B) State Law Enforcement Division (SLED)
C) Department of Social Services (DSS)
D) Department of Mental Health (DMH)

13. A child can be removed from the home without parental permission only by:
A) Child Protection Workers
B) Law Enforcement Officers
C) Concerned Citizens
D) School Teachers

14. When a person reports child abuse and/or neglect their name remains:
A) Available to the person being investigate
B) Anonymous
C) Available to the community

15. When a person is being investigated for child abuse and/or neglect their name is:
A) Available to the community
B) Is only used to obtain needed information for the investigation (confidential)
C) Never mentioned

16. Child neglect includes:
A) Physical neglect
B) Educational neglect
C) Medical neglect
D) All of the above

17. Child abuse includes:
A) Physical abuse
B) Sexual abuse
C) Mental Injury (emotional abuse)
D) All of the above

18. Physical abuse can be seen by the following physical indicators:
A) Bruises
B) Burns
C) Broken bones
D) All of the above

19. Abused and neglected children can be:
A) Withdrawn
B) Acting out
C) Fearful of adults
D) All of the above

20. Some of the causes of child abuse and/ or neglect are:
A) Stress
B) Parents who were abused as children
C) Lack of knowledge of child development
D) Poor parenting skills
E) All of the above

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21. What is the "cycle of abuse"?
A) Abusive parents who were abused when they were children
B) Being injured in a motorcycle accident
C) Child abuse workers being attacked by angry parents

22. What can hopefully prevent child abuse and/or neglect?
A) Parenting skills training
B) Treatment
C) Community education
D) All of the above

23. The percentage of abusing parents who are psychotic is:
A) 5%
B) 10%
C) 25%
D) 50%

24. Child abuse and/or neglect occurs in:
A) Lower class families
B) Middle class families
C) Upper class families
D) All of the above

25. Child abuse and/ or neglect occurs in:
A) Rural families
B) Urban families
C) Suburban families
D) All of the above

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